

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **723946** (0)

1. Corporation Name

DELRAY ESTATES ASSOCIATION, INC.



Principal Place of Business

**2095 CATHERINE DRIVE
DELRAY BEACH FL 33445**

Mailing Address

**2095 CATHERINE DRIVE
DELRAY BEACH FL 33445**

3. Date Incorporated or Qualified
07/24/1972

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WALDMAN, DAVID
2095 CATHERINE DR
DELRAY BEACH FL 33445**

10. Name and Address of New Registered Agent

81 Name

RENDA THOMAS

82 Street Address (P.O. Box Number is Not Acceptable)

2095 CATHERINE DRIVE

83

84 City

DELRAY BEACH

FL

85 Zip Code

33445

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Renda Thomas

Renda Thomas

5-10-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**PD
THOMAS, RENDA
3137 SHERWOOD BLVD
DELRAY BEACH FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

**VPD
SPAN, MERVIN
3401 NE THIRD AVE
OAKLAND PARK FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

**TD
ALEXANDER, WILLIAM W.
1529 SE 12TH CT
DEERFIELD BEACH FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

**SD
FIFER, EDNA
2116 CATHERINE DR
DELRAY BEACH FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**D
COPPICK, J.T.
9805B BOCA GARDENS
BOCA RATON FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

**D
SPERRY, ALBERT
5092 CORONADO RIDGE
BOCA RATON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☒ Change ☐ Addition

**D
SPAN, MERVIN
2075 LINTON BLVD. #1
DELRAY BEACH FL.**

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☒ Change ☐ Addition

**D
ALEXANDER, WILLIAM W.
1529 SE 12TH CT
DEERFIELD BEACH FL**

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☒ Addition

**SD
ALEXANDER, MAUREEN
1529 SE 12TH CT
DEERFIELD BEACH FL**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, by on an attachment with an address.

SIGNATURE:

Renda Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-96 (401) 272-5296

Date

Daytime Phone

CR2E037 (12/95)